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PTO/SB/22 (10-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 IN01158K | | * | |
| (fees effective on or after October 1, 2004) | 110113311 | | |
| Application Number 09/909,012 | Filed | luly 19, 2001 | |
| For NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS | | | |
| Art Unit 1653 | Examiner | R. B. Mondesi | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the identified application. | | | |
| The requested extension and fee are as follows (check time period de | esired and enter the app | propriate fee below): | |
| <u>Fee</u> | Small Entity Fee | • | |
| One month (37 CFR 1.17(a)(1)) \$110.00 | \$55.00 | \$ | |
| Two months (37 CFR 1.17(a)(2)) \$430.00 | \$215.00 | \$ | |
| X Three months (37 CFR 1.17(a)(3)) \$980.00 | \$490.00 | \$ 980.00 | |
| Four months (37 CFR 1.17(a)(4)) \$1,530.00 | \$765.00 | \$ | |
| Five months (37 CFR 1.17(a)(5)) \$2,080.00 | \$1,040.00 | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095 . I have enclosed a duplicate copy of this sheet. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Registration Numl | ber | | |
| attorney or agent under 37 CFR 1.34(a). | . 00.005 | | |
| Registration for the rif acting under 37 CFR 1.34(| | · | |
| Janey Oter | | November 19, 2004 Date | |
| Signature Henry L. Cohon | | (908) 518-6425 | |
| Harvey L. Cohen Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of forms are submitted. | | | |

| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in |
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| an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria 73, 22313-1450, on the date shown below. |
| TO A NOT THE |

Dated: November 19, 2004

Signature: 1

_ (Harvey L. Cohen)

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